



**Reproductive Health
in Nursing**

**Patient
Situation 2**

Professional Ethics in Unintended Pregnancy and Prevention Care



Caring for Elena

(Patient Situation #2)

The Patient

Elena is a 38 year-old woman who is 22 weeks pregnant. Although she and her husband did not plan the pregnancy they decided to continue the pregnancy early on. Their other children are ages 10 and 15.

The Setting

A large religious based institution hospital downtown that serves hundreds of patients every day.

What Happened

Elena is 38 years old and 22 weeks pregnant. She is experiencing heavy cramping, bright red bleeding and thinks her membranes ruptured. She and her husband went to the ER immediately. Her nurse midwife reviewed the current risks to her pregnancy and arranged a consultation with a obstetrician and a neonatologist.

What is the evidence-based standard of care in this situation?

Survival rates for 22 week fetuses are low, averaging 0% – 10% (Brumbaugh et al., 2014), and survival without significant disabilities is rare. [ACOG practice guidelines](#) require that the pregnant woman should be counseled about all the risks and benefits of continuing her pregnancy without intervention (ACOG, 2007).

The National Organization of Nurse Practitioner Faculties (NONPF) articulates NP core competencies in the 2012 publication of *Population-Focused Nurse*

Practitioner Competencies. These broad competencies create a foundation for full disclosure of all options for care.

- Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
- Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
- Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
- Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

In *The Denial of Abortion Care Information, Referrals, and Services Undermines Quality Care for U.S. Women* Weitz and Fogel (2010) carefully craft an argument about how conscience clauses affect adherence to evidence-based benchmarks of quality and safety in abortion care.

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The team suggests a non-interventionist plan of watchful waiting rather than intensive management with prenatal steroids and aggressive pulmonary treatment. What was not explained to Elena and her husband that, given her symptoms, there is a low risk of survival of the fetus (Brumbaugh et al., 2014) and the rare, but real, risk of sepsis to the mother. Furthermore, they do not explain to Elena and her husband that they have the option to terminate the pregnancy at this point, given the risks.

Why would a nurse choose to ignore evidence-based standards of care?

Standards For Professional Nursing Practice in the Care of Women and Newborns Standard X: Nurses have the right, under responsible procedures, to refuse to assist in [. . .] abortion or sterilization procedures, in keeping with their personal moral, ethical, or religious beliefs. Nurses have the professional responsibility to provide high quality, impartial nursing care to all patients in emergency situation, regardless of the nurses' personal beliefs [. . .] and to provide nonjudgmental nursing care to all patients, either directly or through appropriate and timely referral.

While nurses have the ethical responsibility to implement and adhere to nursing practice standards, there is increasing evidence that political and institutional restrictions are jeopardizing patient health as well as nurses' ability to adhere to an ethical standard of care. Institutions that impose ideological restrictions on health care delivery have assumed increasing control of hospitals, clinics and managed care systems in the United States. The standards of care that are most often restricted based on ideology, religious, and personal belief are those related to reproductive health care. (See: [Ethical and Religious Directives for Catholic Health Care Services](#)).

These organizations often impose limitations on the health care the clinicians in their systems can offer, essentially preventing health care professionals from delivering the care they were trained to provide. The International Federation of Gynecology and Obstetrics states that reproductive and sexual health of women is often compromised, not necessarily because of lack of medical knowledge, but rather as a result of basic infringements of women's human rights that also violate the basic and universally agreed upon ethical and professional responsibilities of professionals caring for women. (See the ACLU's 2013 report [Miscarriage of Medicine: The Growth of Catholic Hospitals and the Threat to Reproductive Health Care](#)).

In addition, providers working in religious-based institutions, or highly religious communities, may face not only criticism, but risks to employment. This occurred in Arizona when a hospital administrator who happened to be a nun supported an ethics committee decision to provide abortion care to a 27-year-old woman at 11 weeks of pregnancy with a life threatening medical condition. The administrator was excommunicated from her religion and subsequently resigned from her position at the hospital.

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The couple receives extensive and focused care from the nursing staff but, since this is a religious-based institution, they cannot discuss all options with the couple. After considerable discussions with the health care team, as well as with family and friends, the couple decide (on their own) to leave the hospital. They contact an obstetrician gynecologist at another facility that is a three hour drive away, with whom they discuss all options for their extremely premature baby. An abortion procedure is scheduled at their request.

What if Elena were 26 weeks pregnant?

The odds of fetal viability increase with increasing gestational age so Elena would likely be admitted to a tertiary care maternity setting for intensive management.

What if the religious-based hospital had been able to provide all options for a very early premature rupture of membranes during pregnancy?

The discussion and resultant search for care would have been less traumatic for the couple. Nursing staff would have supported a thorough discussion of options at the initial time of admission to the hospital so that the couple would have been fully informed as they made their decision. Once the couple made a decision based on the most current evidence, if they chose to terminate the pregnancy, the hospital could have made a referral for services they did not provide.

References

Brumbaugh et al. (2014). Neonatal survival after prolonged preterm premature rupture of membranes before 24 weeks of gestation. http://journals.lww.com/greenjournal/Fulltext/2014/11000/Neonatal_Survival_After_Prolonged_Preterm.19.aspx

National Organization of Nurse Practitioner Faculties. (2012). Population-focused nurse practitioner competencies. <http://www.nonpf.org/?page=14>

Weitz and Fogel. (2010). The denial of abortion care information, referrals, and services undermines quality care for U.S. women. [http://www.whijournal.com/article/S1049-3867\(09\)00134-0/abstract](http://www.whijournal.com/article/S1049-3867(09)00134-0/abstract)

International Federation of Gynecology and Obstetrics. About us. <http://www.figo.org/about-us>